

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 21098

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name MICHAEL G INABUITT

P.O. Box, Bldg., Room No., if any

Street 488 AUTUMN LANE

City GREENWOOD IN.

State INDIANA ZIP Code + 4 46143

4. Name, file number, and address of labor organization.

Name IUPAT DISTRICT COUNCIL 91

Labor Organization File Number 542-404

P.O. Box, Building and Room Number, if any

Street 409 MILLNER INDUSTRIAL DR.

City EVANSVILLE

State INDIANA ZIP Code + 4 47710

5. Position in labor organization.

BUSINESS REPRESENTATIVE

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name CAPITAL IMPROVEMENT BOARD

Trade Name, if any: C I B OF MARION CO.

P.O. Box, Bldg., Room No., if any

Street 100 S. CAPITAL AVE

City INDIANA POLIS

State INDIANA ZIP Code + 4 46225

7.a. Nature of Interest, Transaction, or Income.

MET WITH CONTRACTOR TO  
DISCUSS FUTURE BUSINESS  
AT FOOTBALL GAME  
DEC 19 2004

7.b. Amount.

89.00

Signature

Michael G Inabuit

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Michael G Inabuit

On

8-15-05

Date

317 546 5638

Telephone Number

Name of Person Filing

MICHAEL G INABUITT

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name INDIANAPOLIS PAINTERS JATC

Trade Name, if any: LOCAL 47 JATC

P.O. Box, Bldg., Room No., if any

Street 6501 MASSACHUSETTS AVE

City INDIANAPOLIS

State INDIANA

ZIP Code + 4 46226

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name INDIANAPOLIS PAINTERS JATC

Trade Name, if any: JATC

P.O. Box, Bldg., Room No., if any

Street 6501 MASSACHUSETTS AVE

City INDIANAPOLIS

State INDIANA

ZIP Code + 4 46226

11.a. Nature of such dealing.

JATC IS IN CHARGE OF  
TEACHING JOURNEYMAN UPGRADE  
CLASSES

11.b. Approximate dollar value of such dealing.

200,000.00

12.a. Nature of interest held or income received.

I TAUGHT CLASSES FOR JATC.  
JOURNEYMAN UPGRADE CLASSES  
WERE OSHA 10 OSHA 30  
BOOM & SISSER LIFT TRAINING

12.b. Amount.

3554.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐ ?

14.b. Amount of payment.

LOCAL 47  
6501 Massachusetts Avenue Indianapolis, IN 46226  
PHONE: 317-546-5638 FAX: 317-546-5903



*Michael G. Inabnitt, Business Representative/Organizer*

August 15, 2005

U.S. Department of Labor  
Employment Standards Administration  
Office of Labor-Management Standards  
200 Constitution Avenue, NW, Room N-5616  
Washington, DC 20210

**RE: Form LM-30 (1/1/04 – 12/31/04)**

To Whom It May Concern:

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. I am a first-time filer and was unaware of the filing requirements until recently; some items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended Form LM-30.

Sincerely yours,

Michael G. Inabnitt  
Business Representative/Organizer  
Painters Local Union 47/District Council 91

CERTIFIED MAIL # 7003 0500 0000 2781 7347